

## APPENDIX - M



**City of Manchester N.H. Welfare Department**  
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email: welfare@manchesternh.gov

Paul R. R. Martineau  
Welfare Commissioner

### Fair Hearing Request Withdrawal

Date: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Client/Claimant Name: \_\_\_\_\_

Client/Claimant Address: \_\_\_\_\_  
\_\_\_\_\_

Client/Claimant Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I hereby withdraw my request for a Fair Hearing to appeal the adverse action on the Notice of Decision issued to me dated \_\_\_\_\_ regarding my application for general assistance.

\_\_\_\_\_  
Client/Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Claimant's Authorized Representative Signature

\_\_\_\_\_  
Date